

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Per EGNELÖV et al

Title:

DEVICE FOR VISUALLY

INDICATING A BLOOD

PRESSURE

Appl. No.:

10/756,765

Filing Date:

1/14/2004

Examiner:

Patricia C. MALLARI

Art Unit:

3735

Confirmation

1510

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [] Assertion of Small Entity status is enclosed.
 - [X] The fee required for additional claims is calculated below:

	Claims As		Previously	Extra Claims					Additional
	Amended	Paid For	Present	Rate		Claims Fee			
Total Claims:	21	-	20	=	1	х	\$50.00	=	\$50.00
Independent Claims:	9	-	9	=	0	x	\$210.00	=	\$0.00
First p	presentation	of an	y Multiple [Depen	dent Claims:	+	\$370.00	=	\$0.00
					CLAIMS	FEI	E TOTAL	= .	\$50.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$460.00	\$0.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION	FEE TOTAL:	\$0.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER	FEE TOTAL:	\$50.00
[X] Small Entity Fees Apply (subtract	ct ½ of above):	\$25.00
Extension Fees Pr	reviously Paid:	\$0.00
	TOTAL FEE:	\$25.00

A credit card payment form in the amount of \$25.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a

rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

MAY 2 8 2008

Date ____

FOLEY & LARDNER LLP

Customer Number: 22428 Telephone: (202) 672-542

Telephone: (202) 672-5426 Facsimile: (202) 672-5399 Glenn Law Attorney for Applicant Registration No. 34,371



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Per EGNELÖV et al Applicant:

Title: DEVICE FOR VISUALLY INDICATING A BLOOD

PRESSURE

Appl. No.: 10/756,765

Filing Date: 1/14/2004

Patricia C. MALLARI Examiner:

Art Unit: 3735

Confirmation 1510

Number:

AMENDMENT AND REPLY UNDER 37 CFR 1.116

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This communication is responsive to the Final Office Action dated February 28, 2008, concerning the above-referenced patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this document.

Remarks begin on page 11 of this document.

Please amend the application as follows:

05/29/2008 AWONDAF1 00000055 10756765

01 FC:22U2

25.00 OP